

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29986**

BIRTH NO.		REG. DIST. NO. 157	PRIMARY REG. DIST. NO. 6293	Registrar's No. 147
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Sheridan twp c. LENGTH OF STAY (In this place) 45 yrs.		c. CITY OR TOWN Golden City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Golden City Route 1		e. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) ANN c. (Last) BRECKENRIDGE WITHERS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 2, 1862	9. AGE (In years last birthday) 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and State or Foreign Country) Freistatt, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Benjamin Rowe		13b. MOTHER'S MAIDEN NAME Matilda J. Smith	14. NAME OF HUSBAND OR WIFE Thomas H. B. Withers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. R.D. Brown, Rte. 1, Golden City, Mo ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease, enlarged ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-1952 to 9-8-1955 , that I last saw the deceased alive on 9-6-1955 , and that death occurred at 10:50a , from the causes and on the date stated above.				
23a. SIGNATURE W. H. Knott M.D. (Degree or title) MD		23b. ADDRESS Jasper, Missouri		23c. DATE SIGNED 9-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-10-55	24c. NAME OF CEMETERY OR CREMATORY Cox Cemetery	24d. LOCATION (City, town, or county) (State) Near Monett Missouri	
DATE REC'D BY LOCAL REG. 9-9-55	REGISTRAR'S SIGNATURE E. J. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Missouri ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 335-9-634
Date Filed SEP 19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank W. Kneel*.....

Licensed Embalmer No. 444

P. O. Address *Carthage*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.